

CAED 435 (Rev. 04/18)		United States District Court, Eastern District of California		FOR COURT USE ONLY	
Case 2:20-cr-00213-KJM Document 18 Filed 04/07/21 Page 1 of 1				DUE DATE:	
TRANSCRIPT ORDER					
PLEASE Read Instruction Page (attached):					
1. YOUR NAME Sam Stefanki		2. EMAIL Samuel.stefanki@usdoj.gov		3. PHONE NUMBER (916) 554-2788	
4. DATE 04/06/2021		5. MAILING ADDRESS 501 I Street, Suite 10-100		6. CITY Sacramento	
7. STATE CA		8. ZIP CODE 95814			
9. CASE NUMBER 2:20-CR-00213 KJM		10. JUDGE Hon. Kendall J. Newman		DATES OF PROCEEDINGS	
11. FROM 3/26/2021		12. TO 3/26/2021			
13. CASE NAME U.S. v. Saintillus		14. CITY Sacramento		15. STATE CA	
16. ORDER FOR					
<input type="checkbox"/> APPEAL No.		<input checked="" type="checkbox"/> CRIMINAL		<input type="checkbox"/> CRIMINAL JUSTICE ACT	
<input type="checkbox"/> NON-APPEAL		<input type="checkbox"/> CIVIL		<input type="checkbox"/> BANKRUPTCY	
				<input type="checkbox"/> IN FORMA PAUPERIS	
				<input type="checkbox"/> OTHER (Specify)	
17. TRANSCRIPT REQUESTED (Specify portion(s) and date(s) of proceeding(s) for which transcript is requested) You must provide the name of the Reporter.					
TRIAL		DATE(S)		REPORTER	
<input type="checkbox"/> ENTIRE TRIAL				<input checked="" type="checkbox"/> OTHER (Specify Below)	
<input type="checkbox"/> JURY SELECTION				Detention Hearing	
<input type="checkbox"/> OPENING STATEMENTS				03/26/2021	
<input type="checkbox"/> CLOSING ARGUMENTS				Thresha Spencer	
<input type="checkbox"/> JURY INSTRUCTIONS					
18. ORDER (Grey Area for Court Reporter Use)					
CATEGORY	ORIGINAL (Includes Certified Copy to Clerk for Records of the Court)	FIRST COPY	ADDITIONAL COPIES	NO. OF PAGES ESTIMATE	COSTS
ORDINARY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
14-Day	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
EXPEDITED	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
3-Day	<input type="checkbox"/>	<input checked="" type="checkbox"/>	NO. OF COPIES		
DAILY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
HOURLY	<input type="checkbox"/>	<input type="checkbox"/>	NO. OF COPIES		
REALTIME	<input type="checkbox"/>	<input type="checkbox"/>			
CERTIFICATION (19 & 20) By signing below, I certify I will pay all charges (deposit plus additional).				ESTIMATE TOTAL	
19. SIGNATURE /s/ Sam Stefanki				PROCESSED BY	
20. DATE 04/06/2021				PHONE NUMBER	
TRANSCRIPT TO BE PREPARED BY				COURT ADDRESS	
ORDER RECEIVED		DATE	BY		
DEPOSIT PAID				DEPOSIT PAID	
TRANSCRIPT ORDERED				TOTAL CHARGES	
TRANSCRIPT RECEIVED				LESS DEPOSIT	
ORDERING PARTY NOTIFIED TO PICK UP TRANSCRIPT				TOTAL REFUNDED	
PARTY RECEIVED TRANSCRIPT				TOTAL DUE	